Disclosure Report Cover	Disclosure	Report	Cover	
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Amendment	 				
Yes Yes		ľ	٧o	)	

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information 1. Committee Information c. ID Number a, Full Name OJMK82 Cohn for Town Council d. Date Filed b. Mailing Address (include City, State and Zip Code) 1019 Filly Drive 01/06/2016 Indian Trail, NC 28079 JAN 0 6 2016 e. Phone Number 704-641-6944 Union Co. Board of Flections 4. Period End Date 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) (nim/dd/yy)= David Cohn 12/31/2015 2015 01/01/2015 9. Type of Report (check only one type of report from one category) 6. Type of Committee (Check One) Referendum State/County Candidate Campaign Municipal Party Organizational Organizational Organizational PAC Referendum Independent Pre-referendum Joint Fundraiser Thirty-five day Quarterly Expenditure Legal Expense Fund 7. Type of Fund (if applicable; check one) Final First Pre-primary Supplemental Final Pre-election "Booster Fund" Second Annual Third Pre-runoff **Building Fund** Special Semi-annual Fourth Mid Year Semi-annual 10. Special Report Name Year End Mid Year Other: Final Year End 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11. Account Information a, Financial Institution Full Name a. Financial Institution Full Name SECU c. Account Code b. Purpose c. Account Code b. Purpose Campaign 01 **Funds** d. Period Begin Balance d. Period Begin Balance \$ 967.70 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Ejections. 01/06/2016 David Cohn

David Comi			
· Pr	inted Name of Signer	Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY Date Received:	1/6/16	Employee: Klaumin	Delivery Method  Normal Mail
Date Postmarked:	<u>_N/A</u>	Employee:	Registered Mail Hand Delivered
Date Scanned:	1/6/16	Employee: Kaumh	Electronically Filed Signer has not received
Date Data Entered:		Employee:	mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment Yes No

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Cohn for Town Council	Year-End		OJMK82
Start of Election Cycle: January 1,	2015	Total this	Total this
		Reporting Period \$ 967.70	S 0.00
4) Cash on Hand at Start RECEIPTS		\$ 901.10	<b>3</b> 0.00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 215.00
6) Contributions from Individuals	(CRO-1210)	\$	\$ 1484 30
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	1/2-\$-
9) Loan Proceeds	(CRO-1410)	\$ IANIAA	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	2015 <b>s</b>
11) Other Receipt Sources		Union Co. Board of	Flori
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	ions <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	Ic, IId and IIe)	\$ 50.00	\$ 2 159.30
EXPENDITURES:			The second secon
13) Disbursements		21/12	1 1/10/1/2
13a) Operating Expenditures	(CRO-1310)	\$ 764.28	
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$ .
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 753 47	\$ 75390
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 1017. 70	1 8 2159.30
19) Cash on Hand at End (Add lines 4 and 12 together, then st	ıbtract line 18)	\$ 0	\$
<u>ADDITIONAL INFORMATION</u>	- 10 - 10		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campai	gns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

A	~~~~~~~	stad Cautui	hartiana francis	T., J!! J I.		Amendment
			butions from		of	Yes No
				ons From Individuals of \$5		
15	Committ		nd Fund if applical			ID Number
L	Cok	1 For	Town Co	vari C		05m K8Z
3	Contribu	itor Information				
10 January 10	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add Remove	01	Cash			\$ 50.00
	Add Remove					\$
	Add				·-·	\$
E	Remove Add					\$
	Remove					Ψ
Ш	Add Remove			CEVE	D-PATOCON.	\$
	Add Remove			JAN 0 6 2016		\$
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				Amendment	
Disbursements	Pg	1	of	Yes	☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee R	ull Name (and Run	l if applicable)					2. ID Number
Cohi	(0)	own Co	NOA	eic			05 MK82
3. Type of Disb	Carle and Arrive Man Arrive at 1771, and a 1797 and a 1	use separate CR			Francis	** *** **** ***	The state of the s
Operating Exp	According to the contract of t	tributions to Candida				rdinat	ed Party Expenditures
4. Payee Inform	ailing Address & Ph	ono	يال	and the same of th	Remove d Committee Nam		d. Comments
(include city, state,				D. Cuoruman	a Commutee Nam		a. Comments
	e Book Book		VE I	c/Level Regis	stered (Specify)  County:		Ad
Face	Book	JAN 06	<b>ZUI</b> 0	State	Municipa	ality:	e. Election Sum to Date
		Joing Co. Board o				ls s	*
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (i	mn/dd/yyyy)  /2/15	\$ 7.80	K. Re	equired Remarks
01	No lot	A	1/1	2/15	\$50.00		
4. Payee Inform	nation			Add	Remove		The second secon
a. Fuli Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Nam	c	d. Comments
(include city, sta		#}4+0 \$\f\\$ 0.00000000000000000000000000000000000		c. Level Regis	stered (Specify)  County:  Municipa	allen.	e, Election Sum to Date
				Jaco	wiomerpa	anty.	\$
f, Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nn/dd/yyyy)	j. Amount	k. Re	equired Remarks
01	De6t	A	12,	11/15	\$ 26.59		
				/	\$		
4. Payee Inform	nation			Add	Remove		
Service of the Control of the Contro	ing Address & Phone			to design and the second second	ed Committee Nam	e :	d. Comments
				Federal	stered (Specify)  County:		
				State	Municipa	anty;	c. Election Sum to Date
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	o report expe		from the committe	ee for o	perating exp	Pg	of ontribution	ons to	Amendment  Yes  candidate/polit	□ No tical
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Operating Exp  4. Payee Inform		Cont	tributions to Candidat	tes/Politic		s Remove		dinated	d Party Expenditure	S
a. Full Name, N		ess & Pho	one		b. Coordinate	e mineralita (menope) e (kepepeleks)	Article Service Committee Committee Committee	la	l. Comments	
(include city, state	Y	<u> </u>			0.000.			- "		. C7
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FA	ce C	100	JAN 06 20		c. Level Regi	stered (Sp	ecify) County:		Ad	
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a, Full Name, Mai (include city, sta	No. of the basis increases and	¿ Phone			b. Coordinate	ed Commi	ttee Name	d	l. Comments	
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	odės (List	detailed	expenditure code	in (h.)	above)					
A* - Media E - Salaries I - Postage O* Other	B* F*	* - Printin	ng ment	C* - Fu G - Pol	undraising litical Party	•	Н* - Но	olding	ner Candidate g Public Office on to Legal Exp	
	re detailed (	explanati	on in required r	emarks	field (k)					

<b>Refunds/Reimbursements From the Com</b>	_	of	Yes  No
Use this form to report refunds/reimbursements, including cor	tributions return		
1. Committee Full Name (and Fund if applicable)			2. ID Number
Cohn for Town Coun	1016		OSMK8Z
3. Payee Information	Add Ren	iove	
a. Full Name, Malling Address & Phone	d. Type of Commit	tee	h, Original Receipt Dato
(include city, state, & zip)	Candidate	☐ PAC	1 111115
David Cohn	Referendum	Party	7/14/12
TOTAL CONTRACTOR	e. Level Registered Federal		i, Original Receipt Amount
1019 Filly Dr.	State	County:  Municipality:	\$ 454.30
Indian Trail, NC 28079	f. Purpose Code		j. Election Sum to Date
704 641 6944			\$
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments		k. Account Code
MegT Sales Travis Meats			01
l. Form of Payment m. Required Remarks		n. Date (my/dd/yy)	yy) o. Amount
Cash Return Monies I	- DUTINO	12/30/1	5 \$ 753.42
3, Payee Information	Add Ren	nove /	
a. Full Name, Mailing Address & Phone	d. Type of Commi	itee	lı, Original Receipt Date
(Include city, state, & zip)	Candidate Referendum	☐ PAC ☐ Party	
RECEIVED	e. Level Registered		i. Original Receipt Amount
	Federal	County:	\$
JAN 0 6 2016	f. Purpose Code	Municipality:	j. Election Sum to Date
o pearl of Flortions			\$
Union Co. Board of Elections			·
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments		k. Account Code
I. Form of Payment m. Required Remarks		n. Date (mm/dd/yy)	yy) [o. Amount
			\$
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(include city, state, & zip)	Candidate	PAC	
	Referendum	Party	······································
	e, Level Registered		i. Original Receipt Amount
	Pederal State	County: Municipality:	\$
	f. Purpose Code		j. Election Sum to Date
			\$
b. Job Title/Profession   c. Employer's Name/Specific Field	g. Comments		k. Account Code
i. Form of Payment m. Required Remarks		n. Date (mm/dd/yy	yy) o. Amount
			\$
4. Total only this Page			\$ 753.42
5. Total of ALL, CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)			\$
6. Purpose Codes (List detailed disbursement code in (f) abo			
L - Returned to Contributor M - Overpayment for	The both the same and the state of the state	N - Byces	eded Contribution Limit
P* - Reimbursement of In-Kind O* Other	GOLVICO	IN - DYCCC	ACC COMMOUNT LIMIT
*Codes require detailed explanation in required remark	cs field (m)		The Parties of The Pa

RECEIVED

JAN 0.6 2016

Union Co. Board of Elections



## North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

KIRK KIRS ISKA

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

## **Certification to Close Committee**

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	
Committee Name:	Cohn for Town Council
Treasurer Name:	David Coha
Treasurer Address:	1019 Filly Dr
(include city, state, & zip)	- Indian Trail, NC
	78079
Treasurer Phone:	704-64/6944

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

Date Signed

Signature